

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044291

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No.

Registrar's No.

11759

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Montgomery

c. CITY

OR
TOWN

Hillsboro

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

120 Starr St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIAM

GRUBB

4. DATE
OF
DEATH

Month

Day

Year

DECEMBER

7

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-3-89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Litchfield, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Francis Grubb

13b. MOTHER'S MAIDEN NAME

Ruhana Self

14. NAME OF HUSBAND OR WIFE

widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Not available

17. INFORMANT

Address

Mrs. Thelma Saye, Springfield, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC FAILURE

INTERVAL BETWEEN ONSET AND DEATH

4-5 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

MANY YEARS

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RENAL FAILURE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOV. 3, 1962 to DEC. 7, 1962 and last saw her him alive on DEC. 7, 1962

Death occurred at

2:00 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

12/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-9-62

23c. NAME OF CEMETERY OR CREMATORY

ELMWOOD

23d. LOCATION (City, town, or county)

Litchfield, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Alfred Gerlt, Litchfield, Ill.

25. DATE RECD. BY LOCAL REG.

DEC 8- 1962

26. REGISTRAR'S SIGNATURE

R. D. Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

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51

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

1921 & 1950

EXHIBIT 73444

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by *Not Embalmed* Student Embalmer No. _____
working under my personal supervision.
Student _____ Signed *Ronald H Larkin*
Signature of Student Embalmer

Licensed Embalmer No. *5197*
P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.